KO70557

VIII. 510(k) Summary

MAY 2 3 2007

A. Sponsor/Submitter:

Marine Polymer Technologies, Inc.

107 Water Street Danvers, MA 01923 Phone: 781-270-3200 Fax: 781-270-1133

B. Contact Person

Sergio Finkielsztein

President

Phone: 781-270-3200 x 13

C. Date of Submission:

February 15, 2007

D. Trade (Brand) Name:

TALIDERMIM

E. Common Name:

Dressing, Wound Hydrophilic

F. Classification Number/ Name:

Unclassified

G. Regulatory Class:

H. Product Code:

FRO

I. Predicate Devices:

Marine Polymer Technologies, Inc. - SyvekPatch (K984177) and SyvekNT(K022673) Marine Polymer Technologies, Inc. - RDH Bandage (K002550) Tissue Technologies Holdings LLC - TT101 Wound Care Dressing (K061060) TEI Biosciences Inc. Dress Skin (K023778) J&J Medical Ltd. - PROMOGRAN Matrix Wound Dressing (K014129)

J. Intended Use:

TALIDERMTM is intended for use under the direction of a healthcare professional.

TALIDERM™ is indicated for the management of wounds including:

Diabetic ulcers

Venous ulcers

Pressure wounds

Ulcers caused by mixed vascular etiologies

Full thickness and partial thickness wounds

Second degree burns

Surgical wounds-donor sites/grafts, post-mohr's surgery, and other

bleeding surface wounds

Abrasions

Traumatic wounds healing by secondary intention

Dehisced surgical wounds.

K. Device Description:

TALIDERMTM is a sterile primary wound dressing comprised of shortened fibers of poly-N-acetyl glucosamine, isolated from microalgae.

L. Summary of Substantial Equivalence:

Marine Polymer Technologies has submitted information on indication for use, biocompatibility and performance characteristics to establish that TALIDERMTM is substantially equivalent to currently marketed predicate devices. TALIDERMTM has essentially the same intended use as the predicate devices. Results of scientific testing have ensured that the material is biocompatible, no new adverse effects were introduced and physical properties are appropriate for the intended use. Non-clinical testing was conducted. Animal testing was performed to simulate clinical conditions with no adverse effects noted. Clinical evidence further supported the safety and performance of TALIDERMTM.





Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Marine Polymer Technologies % Mr. Sergio Finkielsztein President 107 Water Street Danvers, Massachusetts 01923

MAY 2 3 2007

Re: K070557

Trade/Device Name: Taliderm[™] Regulatory Class: Unclassified

Product Code: FRO Dated: April 12, 2007 Received: April 13, 2007

Dear Mr. Finkielsztein:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally

Page 2 – Mr. Sergio Finkielsztein

marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115 Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely your

Mark N. Melkerson

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and

Radiological Health

Enclosure

Appendix 2:

Indications for Use Statement

INDICATIONS FOR USE

510(k) Number (if known) K 070557

Device Name TALIDERMIM

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TALIDERM™ is indicated for the management of wounds including:	
Diabetic ulcers	
Venous ulcers	
Pressure wounds Ulcers caused by mixed vascular etiologies	
Full thickness and partial thickness wounds	
Second degree burns	
Surgical wounds-donor sites/grafts, post-mohr's surgery, and other bleeding surface wou Abrasions	ınds
Traumatic wounds healing by secondary intention	
Dehisced surgical wounds.	
TALIDERM TM is intended for use under the direction of a healthcare professional.	•
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Prescription Use X OR Over-The-Counter Use OR Over-The-Counter Use	
(Per 21 C.F.R. 801.109) (Optional Format 1-2-96)	
(PLEASE DO NOT WRITE BELOW THIS LINE—CONTINUE ON ANOTHER PAGE	IF
NEEDED)	•
Concurrence of CDRH. Office of Device Evaluation (ODE)	
(Division Sign-Off)	
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and Neurological Devices	ge 1 of
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